

ADMINISTRATIVE USE VEHICLE REQUEST

Reference OTAG Administrative Manual (OAM)

1. Grade and Name of Driver:		2. Phone/Extension:	3. Directorate/Branch/Organization:										
Date requested:													
4. California Valid Driver License:													
a. License Number		b. Expiration Date											
5. Status of Driver:			6. Does driver have license in possession?										
<input type="checkbox"/> Federal Technician <input type="checkbox"/> Federal Civil Service <input type="checkbox"/> State Active Duty <input type="checkbox"/> State Employee			<input type="checkbox"/> Yes <input type="checkbox"/> No										
<input type="checkbox"/> AGR <input type="checkbox"/> ADT <input type="checkbox"/> FTTD <input type="checkbox"/> IDT			<input type="checkbox"/> AT <input type="checkbox"/> Other <input type="checkbox"/> _____										
8. Purpose of trip:		9. Destination:		10. Type of vehicle required: <input type="checkbox"/> Sedan <input type="checkbox"/> (M) Van (*3 to 6 People) <input type="checkbox"/> Full Size Van (*4 to 10 People) *ONLY									
11. Items Required:		12. Bridge Passes:		13. Vehicle is Needed									
<input type="checkbox"/> Federal Credit Card <input type="checkbox"/> Parking Permit <input type="checkbox"/> Combination <input type="checkbox"/> Bridge Tickets		<input type="checkbox"/> Carquinez/Vallejo <input type="checkbox"/> Bay <input type="checkbox"/> Benecia <input type="checkbox"/> San Mateo <input type="checkbox"/> San Rafael		<table border="1"><thead><tr><th></th><th>Date</th><th>Time</th></tr></thead><tbody><tr><td>From: *(see note)</td><td></td><td></td></tr><tr><td>To:</td><td></td><td></td></tr></tbody></table>		Date	Time	From: *(see note)			To:		
	Date	Time											
From: *(see note)													
To:													
14. I will assume FULL RESPONSIBILITY to perform the following tasks: a. Complete the Vehicle Operator's Checklist. b. Fill the tank with REG UNLEADED gasoline, if less than $\frac{3}{4}$ full. c. CLEAN the interior of the vehicle to include trunk. d. Have the vehicle washed if it is needed. e. Secure the vehicle inside of the compound. f. Insure that the compound gate is locked, if I return after duty hours. g. Turn in gasoline receipts for commercial and/or bulk fuel and insure credit card slips are filled out properly. h. Call in to report a delayed return or change in schedule. i. Complete DD Form 1970. Date: _____ Signature of Driver: _____													
15. Typed Rank/Name of Branch Chief:			16. Branch Chief Signature:										
17. Remarks													
Note: If vehicle is not picked up by assigned time, it can and will be dispatched. Unless dispatcher is notified of changes. Notify dispatcher of cancellation.													